

# University of Arkansas at Little Rock Graduate School

2801 South University Ave., Little Rock, AR 72204-1099

## APPOINTMENT OF BIOINFORMATICS PHD ADVISOR

Check here if this form amends or supersedes one submitted earlier.

To: Chair of the Bioinformatics Student Evaluation Committee

From: \_\_\_\_\_

*(Student name and T-number)*

Advisor Name: \_\_\_\_\_

Advisor Signature: \_\_\_\_\_

Chair, SE Committee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Original to be submitted to the Program Director*